

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012462

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 128

FILED APR 10 1963

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Hannibal

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

Lewis

admission)

c. CITY  
OR  
TOWN

Canton

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Levering Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

302 Montgomery

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
BERTHA

Middle  
E. WILLIAMSON

4. DATE OF DEATH  
Month Day Year

APRIL 4, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/27/1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

4 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Canton Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Andrew Eckert

13b. MOTHER'S MAIDEN NAME

Minnie Giegerich

14. NAME OF HUSBAND OR WIFE

Lee Williamsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Alton Hobbs Quincy II

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pneumonia

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1963 to April 1963 and last saw her alive on April 1963  
Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Myrtle Hamlin M.D.

22b. ADDRESS

Hannibal Mo.

22c. DATE SIGNED

4/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/7/1963

23c. NAME OF CEMETERY OR CREMATORY

Forest Grove Cemetery

23d. LOCATION (City, town, or county)

Canton Missouri

24. FUNERAL DIRECTOR

Barkley Funeral Home Canton Missouri

25. DATE RECD. BY LOCAL REG.

April 4, 1963

26. REGISTRAR'S SIGNATURE

Dr. E. M. Lucke by William M. Gorman

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 1 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 4/4/63